

**INTENT TO ENROLL — Please submit each academic year.**

**Account Owner:** Please complete this form to tell us where and when your student will be attending college. We will use this information to ensure that payments are going to the appropriate place and, if necessary, to communicate with the college about GET payments.

**Account Information:**

Account Number	_____	Email Address	_____
Account Owner	_____	Social Security Number	_____
Student Beneficiary	_____	Social Security Number	_____

**Academic Year:**    ☐ 06-07    ☐ 07-08    (Please choose only one.)

Student intends to enroll during the following terms:

<input type="checkbox"/> Fall Quarter/Semester	<input type="checkbox"/> Spring Quarter/Semester
<input type="checkbox"/> Winter Quarter/Semester	<input type="checkbox"/> Summer Quarter/Semester

**School Information:** Student intends to enroll in the following school.

Washington State Public School	Out-of-state or Private School
<input type="checkbox"/> Central Washington University	<input type="checkbox"/> Out-of-state School named below:
<input type="checkbox"/> Eastern Washington University	Name: _____
<input type="checkbox"/> The Evergreen State College	Address: _____
<input type="checkbox"/> University of Washington	_____
<input type="checkbox"/> Washington State University	<input type="checkbox"/> Private School named below:
<input type="checkbox"/> Western Washington University	Name: _____
<input type="checkbox"/> Community or Technical College named below:	Address: _____
_____	_____

**INFORMATION RELEASE**

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I authorize the **Guaranteed Education Tuition Program** and the school listed above to disclose to each other personally identifiable information, including the student beneficiary's Social Security number and any other account information necessary to make a distribution from my GET account. I certify that the information provided on this form is true and correct to the best of my knowledge and belief. I understand that non-qualified distributions may be subject to a penalty and/or federal income tax on the earnings.

**Account Owner's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_